

Registration Number: EV000	WEST VIRGINIA DIVISION OF LABOR ELEVATOR SAFETY 1900 KANAWHA BOULEVARD EAST STATE CAPITOL COMPLEX - BUILDING 3, ROOM 200 CHARLESTON, WEST VIRGINIA 25305	QEI Inspector WV Number:
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Safety Tests Report
After completing this form on site, please forward it to the above listed address.
All tests are to be performed in accordance with the requirements of the ASME safety code for Elevators, Dumbwaiters, Escalators, and Platform Lifts (A17.1,A17.2,A18.1 current adopted code.)

Site Data	Site Name		Date of Test
	Site Street Address		Site Telephone No.
	Site City	Site County	Zip Code
			Installer / Manufacturer

General Data	Unit Class		Emergency Standby Power Tested		
	<input type="checkbox"/> Pass. <input type="checkbox"/> Frght. <input type="checkbox"/> Escalator <input type="checkbox"/> DW. <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		
	Unit Serial Number		Fireman Service Tested ?		Rated Capacity
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		Lbs.
	Type of Mechanism		Type of Test		Type of Rails
<input type="checkbox"/> Traction <input type="checkbox"/> Bsmt. Drum <input type="checkbox"/> Hyd. Roped <input type="checkbox"/> Ceiling Drum <input type="checkbox"/> Hyd. Plunger <input type="checkbox"/> Screw <input type="checkbox"/> Ovh. Drum <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Other _____		<input type="checkbox"/> 5Yr. Full Load <input type="checkbox"/> Annual Gov. <input type="checkbox"/> Relief Valve <input type="checkbox"/> Oil Buffers <input type="checkbox"/> Replace Gov. <input type="checkbox"/> Ct Wgt Safeties <input type="checkbox"/> Car Safeties <input type="checkbox"/> Other--		<input type="checkbox"/> Steel <input type="checkbox"/> Wood	
		Safety Tested With --		Safety Tested At --	
		Lbs. Load		F.P.M.	

Traction Unit	Rated Speed		125 % Rated Load Tested		Gov Sealed		Gov. Seal Numbers	
	F.P.M.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA		<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Actual Gov. Trip Speed		Type of Governor				Gov. Jaw Pull Through	
	Car F.P.M.		<input type="checkbox"/> Centrifugal <input type="checkbox"/> Rack & Pinion				Lbs.	
	CWT F.P.M.		<input type="checkbox"/> Flyball <input type="checkbox"/> None				Release Carrier Pullout	
							Lbs.	
		Overspeed Switch Tripping Speed				Gov. Data Plate Trip Speed		
		Car F.P.M.				F.P.M.		
		CWT F.P.M.						
Type Of Safety		Remaining Turns On Drum		Slack Cable Switch				
<input type="checkbox"/> Inst. Roll <input type="checkbox"/> Wedge Clamp <input type="checkbox"/> Flex Guide Clamp <input type="checkbox"/> Drum Operated <input type="checkbox"/> Broken Rope <input type="checkbox"/> Rack & Pinion <input type="checkbox"/> Other _____ <input type="checkbox"/> N / A		<input type="checkbox"/> N / A		<input type="checkbox"/> On Car <input type="checkbox"/> N / A <input type="checkbox"/> On Machine				
		Type Car Buffer		Type Cwt. Buffer		Buffer Stroke		
		<input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> Spring <input type="checkbox"/> N / A		<input type="checkbox"/> Oil <input type="checkbox"/> Other <input type="checkbox"/> Spring <input type="checkbox"/> N / A		CAR Inches CWT. Inches		

Hydro.	Empty Pressure		Working Pressure		Static Pressure		Relief Valve Opened At --		Pist. Dia	
	Psi.		Psi.		Psi.		Psi.		Inches	
	15 Min. StandTest		Working Press. Posted?		The Relief Valve Was Tested By ---					
	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Engaging The Stop Ring <input type="checkbox"/> Using Shutoff Valve					
Rated Speed		Was there any change in car position which cannot be accounted for by visible leakage or temperature change?								
F.P.M.		<input type="checkbox"/> Yes <input type="checkbox"/> No								

ESC.	Safety Devices Tested						
	<input type="checkbox"/> Broken Step / Chain Device		<input type="checkbox"/> Stop Switch		<input type="checkbox"/> Reversal Stop Device		
	<input type="checkbox"/> Drive Chain / Tread. Device		<input type="checkbox"/> Skirt Obstruct. Switch		<input type="checkbox"/> Step Up Thurst Device		
<input type="checkbox"/> Governor (If provided)		<input type="checkbox"/> Starting Switch		<input type="checkbox"/> Anti Roll Back			
<input type="checkbox"/> Fire Shutters		<input type="checkbox"/> Brakes		<input type="checkbox"/> Other Devices			
Torque of Brake		Number of Exposed Steps		Number of Comb Plate Teeth Missing			
Ft. Lbs.				Top Land		Bottom Land	

I certify that the above test (s) have been performed in accordance with the ASME codes and all applicable seals and tags are in there proper place.

Name of Elevator Company _____ **Mechanic's Name** _____
Please Print

Mechanic's Signature _____ **Mechanic's License#** _____

Signature of Witnessing Inspector _____ **WV#** _____ **Date** _____

FORM #100
Revised:1/3/2018